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**SIR ARTHUR CLARKE ON SULPHUREOUS FUMIGATION.**

THE possession of means for relieving a diseased action in the skin, by producing a determination to the surface of the body, has always been considered an object of the first importance. Medicines employed for this purpose, are usually applied in a gaseous state, and combined with heat : thus employed, they are more active and energetic than in any other form, and possess from that circumstance advantages over every other external application.

Heat, besides being the most powerful medical agent, admits of a more universal application than any other with which we are acquainted. When the body is exposed to a much higher temperature than the heat of the blood, which is 98, (for example to 120 degrees,) a preternatural expansion is given to the vessels of the skin, and they are stimulated into an increased action : the circulating blood is drawn from the interior parts, to the surface of the body, and a profuse perspiration takes place. This sweeps away with it all temporary obstructing matter, and leaves the pores of the skin, and the mouths of the lymphatic vessels, open to receive the volatile acid gas of the sulphur ; which produces a temporary inflammation, redness and turgescence in the skin, accompanied with a slight itching. This, after a few applications, destroys the diseased cuticle, and facilitates the renewal of a new one ; by which means the healthy functions of the skin are re-established and its color restored. During this process the stomach and intestines, being partially deprived of blood, are for a time relaxed. When the temperature is reduced to that of the atmosphere, the blood returns to its natural equilibrium, and the balance in the circulation is restored without any subsequent inconvenience.

Sulphur for centuries past has been considered the most efficacious remedy in the cure of diseases of the skin, particularly of that called the itch. The ordinary method of applying it, however, in the form of an ointment, is not only unpleasant and uncleanly, but by clogging the pores of the skin, and obstructing the free passage to the escape of the insensible perspiration, lays open the constitution to the attacks of cold, fever, and many other complaints : while, applied in a gaseous state, through the medium of heat, it assists in opening the pores, in promoting perspiration, and is attended by the most remarkable advantages ; advantages which no other application we are acquainted with, can lay claim to.

The sulphureous fumigation invigorates the system and fortifies it against the influence of cold : it supple the joints, gives strength to the muscles, and consequently agility to the limbs. It increases the appe-

tite, promotes digestion, and clears the complexion. It gives smoothness and whiteness to the skin; produces pleasurable sensations, and is perfectly clean in its application. Besides these salutary effects, the odor it communicates is far from being unpleasant, as it resembles *ether*, and is consequently unlike any of the other preparations of sulphur.

In some instances the sulphureous fumigations may seem at first to produce transient effects only; by careful and well-timed repetitions, however, they will at length become durable; and whenever they produce languor, it is only temporary, and is not attended by any subsequent debility. There can be no danger therefore in any case, when the fumigation is of a sufficient temperature, and not of too long a duration. It is a matter of great moment however to have in recollection, that the brain, from its delicacy of organization, is liable to an increased action and fulness of its vessels, while the body is in so high a temperature. If therefore the fumigation should produce considerable headache, or pulsation in the temporal arteries, bloodletting ought to be performed without delay, and at night some suitable cathartic should be administered, as jalap and calomel, in strong robust constitutions; or calomel in a moderate portion, followed by some gentle cathartic, in cases which are more delicate.

In most instances it is proper to take a dose of medicine, and one or two warm baths, previous to submitting the body to the action of the sulphureous fumigation.

The duration of each fumigation may usually be half an hour, and the temperature from 110 to 130 degrees.

The degree of heat, besides the frequency of using the fumigations, and the number necessary for a cure, must vary, according to the age, sex, and constitution of the patient, and the inveteracy of the complaint. They may be perseveringly used every day for a month or longer, and in bad and complicated cases may be repeated three or four times a day.

Exercise in the open air, after each fumigation, where the strength of the patient and the state of the weather will permit, is refreshing and invigorating, and is preferable to rest or going in a carriage.

The sulphureous fumigations, like all other powerful remedies, should not be used except under the directions of a medical man, or an intelligent attendant of practical experience, as great mischief may arise from its abuse or malapplication.

#### EMPHYEMA.

*Cases of Empyema, with Practical Remarks.* By J. A. ALLEN, M.D. of Middlebury, Vermont.

[Communicated for the Boston Medical and Surgical Journal.]

THE ancients made use of the word 'Empyema' to express every kind of internal suppuration. *Ætius*, a physician of Alexandria, who flourished about the close of the fifth century, first used the term to denote a collection of purulent matter within the cavity of the pleura. The best modern surgeons generally restrict the term to this meaning. Notwith-

standing such authority, I have presumed to place the first subsequent case as one of empyema, although there was no deposition of pus within the cavity of the pleura. It is believed the close relation which the case sustains to true empyema, and the practical deductions which are drawn from it, are sufficient to justify this innovation upon modern usage.

CASE I.—Towards the close of my pupilage, in 1813, I visited for my preceptor, Paul Wheeler, M.D., of Wardsboro', Vt., a young man by the name of I. Higgins, about 20 years of age. He was rather a feeble man; but what occupied most of my attention, and for what, indeed, he had called medical advice, was an abscess which had formed on the right side of his thorax, over the sixth and seventh ribs near their angles. It had been discharging for some time, and now presented considerable of a cavity under the integuments, over the ribs. Having satisfied myself that the excavation did not pass into the cavity of the chest, I proceeded to syringe it with oil of turpentine, in accordance with the recommendation of the late Prof. Nathan Smith, in vitiated, sinous, and ill-conditioned ulcers. By the repetition of this process every second or third day, and the internal use of some vegetable tonics, the ulcer assumed a healthy aspect, and his general health began to improve. In a short time, however, he grew remiss in this course of medication, and finally abandoned all remedial measures, till January 1814, when I was again summoned to visit him. I found the ulcer on his side considerably enlarged, and discharging a thin, unhealthy, puriform matter; the pulse was increased to 120 per minute, accompanied with a cough and an unpleasant expectoration. These symptoms were, however, unaccompanied with the regular diurnal febrile paroxysms, which are so characteristic of a fatal pulmonary consumption. Having carefully examined, with my probe, the cavity of the ulcer, and found no communication into the cavity of the thorax, I again resorted to the use of the turpentine injection, with the intention of producing a more healthy secretion of pus. I filled a common syringe, which held about a gill, with the spirits of turpentine, and injected it into the cavity of the ulcer. It instantly produced such a suffocation, succeeded by a severe paroxysm of coughing, that it was a considerable time before he was able to speak, when he exclaimed, '*the turpentine is in my mouth.*' I immediately gave him freely of tincture of opium, and he took considerable olive oil and honey. In about an hour the severe effects of the turpentine had abated to such a degree that I ventured to leave him, after informing his father that it was probable an adhesion had taken place between the lung on that side and the lining membrane of the chest; that by the process of ulceration a passage had been made from the ulcer on the side, directly into the air-vessels of that lung, which, before I put in the turpentine, was to a considerable degree at least closed with matter; and that this circumstance most probably would render the event of the case fatal. Having suggested several remedial measures for his comfort, I left my patient, feeling in my own bosom the most extreme and painful emotions in regard to the effect of the turpentine on the delicate, mucous, and ulcerated surface of the right lung. I heard no more from my patient for a week,

when I was agreeably surprised by the arrival of his father, who introduced himself by saying, 'I want to have you go and syringe out Ira's side again, for he has not been so well for some time; the turpentine injection has made him raise freely, and the sore discharges good matter; and I believe if it can be syringed out a few times, he will get well.' I found him much improved—the purulent matter expectorated, and that discharged from the side, presented a healthy appearance. I determined on a repetition of the injection, modified in its irritating property by the addition of an equal quantity of the oil of the European olive. This addition obviated the severity of the clear spirits of turpentine; and the result was equally beneficial. The mixture was injected into the ulcer on the side, and into the lung, for several weeks; when the passage became so closed that none could be made to pass. Ultimately the ulcer entirely healed, and the lung became apparently well. The patient, however, continued feeble, unable to endure any very active or laborious employment, and eventually died with pulmonary consumption in about two years from the healing of the ulcer. It remains to be remarked that in the intervals of time between the use of the stimulating injections, my patient made constant use of vegetable tonics, and also a preparation of *sanguinaria canadensis*. In this instance, the beneficial results from an invigorating course of internal medicines, and stimulating injections into the cavity of the thorax, are as completely demonstrated as though his life had been prolonged till this time. The passage through the parietes of the side into the bronchial tubes, assumed a healthy secretion of pus, and shortly after closed. What more can be anticipated from the most successful remedial agent in any case? Certainly, long life can never be promised, or exemption from any disease be obtained by the use of the most specific and never-failing remedy. In the present case, it is evident that the stimulus of the turpentine, even upon the delicately organized lung, changed the vitiated ulcerative action into one of a sanative kind; precisely in the same manner, it would have done the secreting surface of a sinous ulcer, situated in a more favorable texture. The practice of changing the action of ill-conditioned ulcers, whether sinous or superficial, in common textures, by the use of some stimulating or detergent article, is at present a very common practice; and it would seem that formerly more delicate structures were treated upon the same principle. Boerhaave, in his 1191st Aphorism, recommends, when pus is collected in the cavity of the chest, and an opening is to be made on the affected side, between the fifth and sixth, or fourth and fifth ribs, reckoning from below, to let the pus flow out slowly, and at intervals, and then to cleanse the cavity of the thorax with '*honeyed water*.' And Van Swieten, in his Commentary on the 895th Aphorism of Boerhaave, mentions a case of a young man, who had an abscess in the anterior mediastinum, sufficiently large to contain a pint of liquid, which was used as a *detergent* injection, that he cured in eight months, notwithstanding the middle of the sternum was carious, and an opening in it through which the matter passed.

Recovery, from cases identical with the one I have here reported, it is believed, is exceedingly rare. I have not been able to find a well-authenticated instance. The experienced surgeon, M. Sabatier, has

noted a similar occurrence which proved fatal in a soldier. An abscess had been originally situated between the intercostal and the pectoralis minor and major muscles, and the matter, as M. Sabatier supposed, made its way by several ulcerated openings into the chest. The lung, in some places, was adherent to the pleura. The quantity of effused matter was very considerable. Vid. Ree's Cycloped. Art. Empyema.

Dr. James Johnson, the learned editor of the *Medico-Chirurgical Review*, has recorded in his Journal for October 1830 a remarkable case of Tubercular Excavation, communicating with the external air through an aperture between the ribs. The patient, aged 47, had had a troublesome cough, and puriform sputa, occasionally tinged with blood. A tumor was discovered immediately below the sterno-clavicular articulation, but rather nearer the shoulder, which was distended on coughing or expiration. The integuments eventually gave way, and air and pus were discharged from the orifice. *Pill of Morph. Acet. and Conium, ter die, ale, meat, etc.*, and a light compress over the aperture, constituted the remedial measures. This case proved fatal.

*Post-mortem Inspection.* 'On removing the sternum and cartilaginous portion of the ribs, it was found that this fistulous aperture terminated in an immense cavern in the right lung, which was capable of containing at least one pint and a half. This cavity was lined with a tolerably dense membrane.'

The late Prof. Nathan Smith mentioned in a lecture, at Dartmouth, N. H., in 1812, the case of a man on whom he had operated for hydrothorax, and removed two gallons of water. The aperture in his side continued nine years open; during which time the serous membrane of the cavity of the chest assumed the ulcerative action, which destroyed the pleura *pulmonalis* and parenchyma of the lung to such an extent that air was discharged, at each expiration, through the aperture in the side from the bronchial tubes, some time before it destroyed the patient.

The late learned and distinguished patriarch of American physicians, Dr. E. A. Holyoke, has somewhere related a case in which there was a passage from the ramifications of the windpipe, through the parietes of the side, into some kind of a tumor. This, it is believed, proved fatal. At the Hospital of St. Louis, a lad aged 18 years died June 6th, 1831, who had had a fistulous opening near the clavicle, through which, when the patient coughed, purulent matter was ejected. The discharge became foetid, and the strength of the current of air through the aperture was sufficient to extinguish a candle. On post-mortem examination, a very large cavity was found partially filled with pus, and communicating with the bronchiae, as well as with the external surface. Vide Boston Medical and Surgical Journal, Vol. 5, page 370.

It is, indeed, a question of very important practical consequence, whether the ordinary practice of the present period, in cases analogous to those reported by Dr. Johnson and Dr. Smith, may not be improved. From analogical deduction, and from the practical observations of the case of Higgins, and several cases of genuine empyema subsequently to be reported in this series of cases, I am inclined to believe that the common fatality of empyema arises not so much from the inevitable mortal character of the disease, as from the inefficient, negative, or ex-

pectant practice usually adopted ; that a more energetic and therapeutic application of curative means would relieve many of those cases, which are now too often abandoned by the medico-surgical practitioner as unavoidably fatal. There is, it must be admitted, a difference, which requires attention to be had in view, when practical measures are applied to correct a vitiated secretion of different ulcerated surfaces. There is somewhat of a dissimilarity of character, practically considered, whether the disease be situated in the cellular, glandular, or muscular systems ; or in the parenchyma of the lungs, or in the cineritious portion of the brain ; and also, whether an ulcerated surface or aposteme be scrofulous, syphilitic or cancerous. In each and all of these instances it is obvious that there is also a community of character, and, so far as local treatment is concerned, one pathological state which every effectual remedial agent must remove or suspend. That is—*It must produce a change of the morbid action of the diseased secreting surface.* Upon this principle is to be explained the success which sometimes attends the use of articles essentially diverse and opposite in their characters, in sinous and ill-conditioned ulcers. Hence the success which has occasionally attended the empirical use of arsenic, corrosive sublimate, and potash or the mineral acids. The utility of sulphate of copper, as recommended in purulent ophthalmia by O'Hallaran, and of the nitrate of silver as advised by Higginbottom, not only in bruised wounds, ulcers, burns and scalds, but also in phlegmonous and erysipelatous inflammation, depends for their operative and advantageous powers upon the production of a change of the abnormal action of the part. Healthy suppuration, which appears to be an essential requisite for good incarcination, in whatever part it may be situated, needs no alterative agent. Its tendency is to produce a healthy restoration of parts, which have suffered some organic lesion. Unhealthy suppuration or ulceration, in whatever tissue, system, or organ it may occur, in all its diversified varieties, is essentially different, being wholly morbid, and therefore requiring for its removal some adequate agent. In all such cases, the object of every remedial measure is to change the pathological state of the part affected, without reference to the system, texture, or organ concerned. To change the morbid condition of some part, is the genuine design of every medical as well as surgical mean. On account of their accomplishing this required change of action, exclusive of any one specific principle inherent in the agent used, objects of directly opposite characters have been successfully used to remove the same class of diseases. Hippocrates, it would seem, from his 6th Aphorism, 8th Section, well understood this important practical fact. Hence, we find reference had to such dissimilar articles as physic, iron, and fire, successively, as remedial agents. He thus remarks—*Quæ medicamenta non sanant, ea ferrum sanat ; quæ ferrum non sanat, ea ignis sanat ; quæ vero ignis non sanat, ea insensabilia crastinare oportet.*

CASE II.—W. C., of Halifax, Vt., of about 20 years of age, and formerly of a good athletic constitution, called on me for advice, at Brattleborough, June, 1819. At this time he was considerably emaciated ; night sweats ; pulse 120 ; and an aperture between the ribs of the right



side, through which was daily discharged a thin milk-porridge-like matter, to the amount of at least a pint. The history which he gave of his ailment was, that in January last he had a *lung fever*, from which he slowly recovered so far as to be about, but had not since been well; had been able to perform some manual labor; that about a week since, while engaged in washing sheep, and when *actually standing* in the water, he felt something give way in his side, and he thinks, at this time, at least, a gallon of pure pus was discharged from the right cavity of the thorax. His health now declined rapidly, although he was able to ride in a waggon to consult me, a distance of twenty miles in a day. To change the secretions of the cavity of the thorax, and induce healthy suppuration and consequently granulation, he was directed to syringe his side daily with lime-water, having added to it a moderate quantity of the tincture of myrrh. To co-operate with the same intention by internal measures, he took, three times a day, one eighth of a grain of corrosive sublimate dissolved in a little water, acidulated by the addition of a few drops of muriatic acid; and to invigorate the system, he used bark and wine, a nourishing diet, and regular and agreeable exercise. Under this course of medication, he gradually improved for two or three months, when his health was so far restored that he ceased visiting me. Three or four years afterwards, he had the goodness to address me a letter, in which he stated that his side was perfectly sound, and that he had entirely regained his health, so as to labor well at the shoemaker's trade, in the vicinity of Boston, Massachusetts.

Cases analogous to this do, indeed, sometimes recover, unaided by any surgical or medical treatment. One such has fallen under my own observation. But the process is long, tedious and dangerous. Nature may accomplish in years, what she might have done in a few months if aided by well adapted remedial measures. And further, a little medication may in such cases, in fact, prevent the loss of life itself. Instances which serve to establish these last positions have fallen under my own observation. They are to be presented to the medical public in future numbers of this Journal.

#### EXTIRPATION OF THE PAROTID GLAND.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—More than a year since, I was consulted by the subject of the following described operation, and recommended the immediate removal of the tumor; since which time, up to that of the operation, it has increased in size nearly one half. On the 22d of March last, Mr. E. C., of L., aged 65 years, submitted to the operation. He is about 5 feet 7 inches in height, formerly possessed of an excellent constitution, but for the last five years has been gradually declining; and, at the time of the operation, was very infirm. He has been injured to labor, from his youth up to the present time. He says he has been a temperate man, in regard to food and drink, for the greater part of his life.

During the last year, previous to the operation, he experienced frequent lancinating pains in the region of the parotid gland. The tumor

extended from below the angle of the lower jaw to the ear. The lower part of the ear was thrust upward and forward by the tumor. The tumor appeared to be of a scirrhus character, the upper part of which seemed to possess fully as much induration as is usually found in such cases.

Assisted by Drs. Skinner and Tuttle, I commenced the operation by making an incision through the integuments, in the following manner, viz. from the ear to a small distance below the angle of the lower jaw, forming the segment of a circle, the convexity of which projected forward; then made another incision, about perpendicular to the first, and extended it to the sterno-cleido-mastoid muscle. Then reflected the flaps. Had the lower angle of the wound divaricated, and the tumor carried upward and outward, by means of hooks and assistants, while I dissected inward, dividing in succession the nervus ascendens colli, the parotidean vein, duct, stylo-maxillary ligament, and a few small blood-vessels of no great importance in regard to size. Now able to retract the sterno-maxillary muscle, soon brought to view the posterior belly of the digastric; then, very cautiously dissected, until the inferior part of the stylo-hyoideus was exposed. Next had the posterior belly of the digastric carried downward and outward, while I continued to dissect, and secured with two ligatures, and divided between, the carotid artery. I removed the tumor from the sterno-cleido-mastoid muscle, mastoid process, and concha of the ear. I carried the dissection along the interior edge of the gland, dividing the branches of the external respiratory nerve, sympathetic, and finally the whole plexus of nerves and blood-vessels embraced in the tumor, until I had it raised from the anterior surface of the masseter muscle, and ramus of the lower jaw. With the patient's head a little inclined to the affected side (which was the left), carried the diseased mass upward, and a little backward, while I carefully severed the cellular connections with the knife-handle, until I laid bare the internal maxillary, which was tied and divided, and very soon had the tumor removed.

At the division of the sympathetic nerve, which lay behind the carotid artery, in the cellular substance, a distressing occurrence presented itself: the patient nearly fainted, and, on recovering from the faintness, he became very sick, attended with dyspnoea, and vomited; however, in a few minutes he so far recovered as to allow of progressing with the dissection again. The muscles, on the affected side of the face, became paralytic, from loss of nervous influence, and of course the mouth was drawn some to the right side: also, the upper eye-lid became fixed, so that the patient could not close the eye. The paralysis of the mouth is not quite as great as it was at the termination of the operation, but there is very little difference in regard to that of the eyelid. From the commencement to the termination of the operation, more than two hours elapsed, including the time occasionally allowed the patient to rest. Toward the close of the operation, he became very restive. He was operated upon sitting in his chair, and supported by assistants most of the time during the performance of the operation. The pulsation of the internal carotid was very visible at the bottom of the wound, after the cessation of the slight hemorrhage, and cleansing. The tumor adhered to



the articulation of the lower jaw, and seemed to dip in behind the ramus. It weighed two ounces the day after its removal. The wound was closed by stitches, and adhesive plaster, in the usual manner. Spirit and water were occasionally used as a lotion, and the wound closed up very kindly. The patient was allowed scarcely anything but gruel, for the first three weeks. An occasional laxative was necessary. I believe every vestige of the diseased gland was removed. The hemorrhage, during the performance of the operation, was very trifling, and none occurred subsequently.

I have directed the patient to keep the eyelid closed, occasionally, by means of an adhesive strip, especially during the night. I understand he attends to his farming business part of the time, but his health is not very good.

J. McNAB.

*McIndoe's Falls, Vt., June 4, 1833.*

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**SURGICAL SKETCHES OF PARIS, BY AN AMERICAN STUDENT.—NO. II.**

[Communicated for the Boston Medical and Surgical Journal.]

DECEMBER 17.—I have seen Dupuytren operate comparatively but few times the last two months, and three of the most striking were stone cases, all children; two of these, when the wound was nearly healed, were taken with vomitings, pain in the abdomen, &c., and on being sounded, pieces of stone were found to have been left in the bladder. The wounds were forced open and the calculi extracted. We have had some very interesting cases at the Hôtel Dieu of late. 1. A case of dislocation of the ulna forward on the wrist, which as you know is very rare, and in fact has been doubted to have ever taken place. I shall endeavor to send you the Medical Gazette, with an account of the case. 2. Extirpation, as it was called, of a portion of the parotid gland—the lower portion; it seemed to me to be a glandular tumor in the parotid. A crucial incision was made over it, and the four flaps dissected up; Dupuytren remarking that if the facial nerve was found lying on the tumor, the operation must be discontinued. This was not the case, and the tumor, being encircled, was seized by the operator and rooted out. This is a favorite mode of extracting tumors, used much by the French operators. I saw Roux the other day operate on an immense tumor, situated at the inside of the thigh, reaching from the groin nearly to the knee, placed among the adductor muscles. After making his crucial incisions, and dissecting round the tumor, he dug it out with his fingers. I expected every moment to see the femoral artery spirt out. In fact, one of its large branches was opened, and gave rise to a great hemorrhage; the tumor, however, was successfully extirpated. Last Saturday I saw Roux perform two amputations; one the leg, circular operation: did not get off quite enough of the fibula first time, but no matter, sawed off a little piece more. Eight or ten ligatures were put in, and the wound dressed beautifully on the spot. The second amputation was the arm of a girl, who had an artificial joint, six inches below the shoulder; flap operation: beautifully done, and dressed with six ligatures. I have been told, but do not know how true it is, that out of twenty amputations

at La Charité, six have recovered. This is not the fault of the operations, which are done in the most masterly manner, but probably arises from the great suppuration caused by so many ligatures. They do not know what healthy inflammation is here; and as for the wounds in an amputation healing by the first intention, never think of it. On Thursday and Sunday, when we have no lecture from Dupuytren, I commonly attend Rostan or Chomel, whose lectures at the bedside are excellent. Sunday is the best day for the hospital, as it is the day the students take for sleeping till 10 o'clock.

Jan. 9.—They are very cautious how they amputate here, as more than two thirds of their patients die after it. This I attribute entirely to their mode of dressing, which in most instances consists in stuffing the wound with lint, and preventing its healing by the first intention. When this is not done, the number of ligatures in the wound produces the same effect.

I saw Dupuytren operate the other day for the radical cure of hydrocele. After having made his incision into the tunica vaginalis, instead of leaving the patient with a piece of lint in the wound as with us, he stuffed it out like a football. A great hemorrhage took place into the cellular membrane, followed by suppuration, and the patient was more than twice the time in recovering of those with us. Yesterday a man offered himself at the consultation, with a large tumor occupying half the tongue, of the size of a peach. The skin of the tongue did not appear to partake in the disease. Dupuytren pronounced it a carcinomatous tumor. It had been eight years in forming. The operation was as follows:—A longitudinal incision was made directly over its superior part, and the tongue being pressed laterally, the tumor was projected out over the floor. It proved, as Dupuytren had said, to be a carcinoma, but I suspect he did not think to find it encysted in so singular a manner. Dupuytren remarked that there were two kinds of carcinoma of the tongue, those by a degeneration of its substance, and those by a new formation. In the former case he would have been obliged to cut out the whole substance of the tongue, as the disease would not be limited; in the latter it would only be necessary, as in the present case, to extirpate the new formation. The operations for cataract at the Hôtel Dieu are all performed by candlelight, and with the patient lying in the bed. Dupuytren's reasons for preferring this mode are contained in his *Leçons*. It is not followed by other operators.

Jan. 16.—Richerand yesterday gave us an excellent lecture on fractures of the clavicle. His mode of dressing consists, 1st, in placing a thin compress under the axilla of the affected side. The forearm is then bent at an acute angle to the arm, and placed firmly against the breast. A bandage is then applied, beginning at the axilla of the affected side, passes round the body over the affected clavicle, once or twice round the elbow to support the shoulder. The arm is then confined to the side by two or three turns round the body. The peculiarity of this treatment consists in dispensing with the cushion, whose use he thinks is all theoretical; and 2ndly, in getting rid of the great quantity of linen in front of the body, which he says is kept constantly in a dirty state by the patient's tobacco. Dupuytren still uses the cushion. The treatment of

fractures here at present is most simple, as is the apparatus employed for the purpose. For fractures of the arm, as with us, two or three splints and a bandage suffice; in regard to those of the lower extremities, they differ from us. In the first place, the double inclined plane is used in fractures both of the thigh and leg, to prevent all muscular motion, or rather to relax the muscles. No extension is ever made use of in fractures of the femur, nor in those of the head of that bone; a double inclined plane being made of pillows, as they have no regular bed for that purpose. The patient is confined by a bandage passing round the pelvis, and fixed to the bars of the bed. It is in fractures of the fibula, however, that Dupuytren has been more particularly successful. His apparatus consists of a stout splint, which extends from the knee or from the inside of the leg, to about six inches below the foot. A very thick cushion, stuffed with oats or chopped straw, is placed between the splint and the leg. This cushion, however, does not extend the whole length of the splint, but only to the foot, the splint projecting beyond it. The purpose of this will be explained, when the indications to be attained are known. These are to pry out the lower fragment of the fibula, and to prevent the foot from turning outward, as it often does after being cured in the ordinary manner. The leg is attached to the splint by two bandages; one confines the upper portion of the splint to the knee; the other is passed once or twice around the foot and then over the projecting splint; thus pulling the foot in over the pillow, and at the same time carrying the fractured portion of the fibula out, and into proximity with the superior portion. All the leg, between the foot and knee, is left free from every bandage, and open for any topical application. The leg is placed on its side on a raised surface made by pillows, which relaxes the muscles, and prevents too great a determination of blood to the part. It is confined in its place by a bandage passing once round the limb, and fastened to the slats of the bed. When this apparatus is well applied, the patient can raise up, and make some very rough motions with the leg without fear of displacement. We have always four or five patients under this treatment, and they are cured without any deformity.

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### REMOTE ORIGIN OF OPHTHALMIC DISEASE.

There is no maxim in medicine which will better bear repetition, than that few of the diseases which affect parts of the body are to be properly regarded as local; and there is no department of inquiry in which skill and acuteness are displayed with more marked benefit in relieving suffering, than in that of tracing disease to its true origin, in following up its connections with the leading functions of the system.

Among the most remarkable facts which go to illustrate this principle, are those which have been collected by Beer and other writers on oph-

thalmic disease, in reference to the causes by which amaurosis and similar affections of the retina are produced. This disease has been distinctly observed to follow on gastric repletion, on sudden and violent mental emotions, on repelled cutaneous eruptions. Plethora is often an evident cause of the affection. Richter mentions an instance in which a plethoric person, when he held his breath and looked at a white wall, was conscious of observing a kind of network, which came and disappeared with the alternate diastole and systole of the arteries. A man became blind on a sudden, while carrying a burden up stairs, apparently from the excessive determination of blood to the head. A still more remarkable fact of this kind, is that blindness is sometimes produced by the state of the vessels which occurs during pregnancy. One case is recorded by Schmucker, in which the sight grew weak in the ninth month, and for eight or ten days before parturition the patient was quite blind. Immediately after, the power of seeing returned. Three cases, of a nature similar to this, are said by the same author to have fallen under his observation. Richter mentions a man who became suddenly blind in consequence of violent vomiting. External injuries of the head produce their effects on the eyes, in a manner which may be referred to this general cause. Another class of causes probably produce blindness, by immediately inducing debility. Gutta serena, according to Richter, has been the consequence of tedious diarrhoea, violent cholera, hemorrhage, salivation, and even dropsy. A patient, affected with the latter disease, became blind immediately on the water being drawn off by tapping from the abdomen. Other facts, still more singular, relate to the influence of the passions in causing this disease. A man lost his sight a few hours after being in a violent passion, and recovered it the next day in taking an emetic, by which a large quantity of bile was evacuated. In a case which came under our own observation, the disease seemed to have originated in debility of the general system, ensuing on abundant evacuation. The patient had been affected with severe rheumatism, for which he was ordered colchicum several days in succession, in large doses. The article produced its usual effects, and the disease was overcome. The patient, however, on returning to his previous occupation, found that his sight was affected in a way which disabled him from writing, and made it difficult to discern objects in the street. On examination, the pupil of one eye was found not to contract on the application of its natural stimulus. A more generous diet and the employment of tonics were entirely successful in removing these symptoms.

Dr. Good relates, from Dr. Parell, a case of sudden loss of vision, preceded by acute cephalgia, in which an emetic was found, during the act of vomiting, to restore sight abruptly to the right eye, for both were affected with a sensation as if a flash of lightning had been perceived; but the effect was only transitory. More than a twelvemonth afterward, the

patient tried emetics again ; when, after the use of the second, the pupils of the eye recovered the power of dilating and contracting on exposure to light, and preserved it till death—but the power of vision was not restored. During the whole of this case of blindness, the sense of hearing was peculiarly acute.

Deafness as well as blindness occasionally supervenes on derangement of the gastric organs. In a patient in advanced life, whose hearing was imperfect, a marked diminution of the sensibility of the organ supervened on an imprudent and ill-digested meal. As the stomach and bowels returned to their natural state, the hearing gradually improved.

#### IMPORTANT FACT RESPECTING ERGOT.

WE learn by the Dublin Journal that a series of experiments has been performed, with a view to ascertain, if possible, why so much uncertainty exists in the action of this medicine, and whence the great diversity of opinion among medical men respecting its true value as a partus accelerator. The very prominent place held by the ergot in the materia medica, and the particular circumstances under which it is usually administered, render it extremely important that a greater degree of reliance might be placed on its effects than can exist with the present experience of the faculty. With all its power in many instances, we must allow that we never prescribe it with that perfect confidence of certain definite effects which we feel in administering other medicines ; and that is not an idle page that unfolds the true source of this uncertainty. We shall, therefore, present the reader with the results of these experiments, and commend them to his particular notice.

' M. Boettcher, apothecary at Menselwitz, in the Duchy of Allenburgh, having thought that the diversity of the action of this medicine might depend on the period at which it was collected, got in a certain quantity of it *before* and *after* the harvest, so that in the first case he took away the grains of the ear while still in the ground, whilst in the second he gathered them in the threshing floor, where the rye was threshed. He directed the separate products of these two crops to the Minister of Public Instruction at Berlin, who remitted them to Doctor Kluge, Head Physician to the Hospice de la Maternité. The medicine was administered to 15 women only, the quantity not being large enough to allow it to be given to more. That the ergot might not produce any bad effect in the mother or child, Dr. Kluge took care not to administer it until the neck of the uterus was beginning to dilate, that the pelvis should be well formed, and that the child should be placed in a favorable condition, the only circumstances under which we can obtain favorable results from the use of this medicine. The results of his comparative experiments were :—

1st. The action of the ergot collected *before* the harvest was very energetic, whilst there was no activity in that collected *after* the harvest. 2d. In several cases the use of the first renders unnecessary the employment of the forceps, particularly when the insufficiency of strength results from real atony, or a spasmodic contraction of the neck. 3d. The ergot

of rye collected before the harvest, possesses the property of preventing uterine hæmorrhage; and if the application of the forceps was necessary in certain cases, where the pains had entirely ceased, this medicine may be opposed with advantage to the loss of blood, which sometimes comes on at this time in abundance. 4th. The dose is from thirty to sixty grains, administered in ten grains at a time every ten minutes.

It is only the first result of Dr. Kluge's experiments that contains information valuable to the American physician. For the rest, we all understand full well already the precise operation and value of this article when good, and its various therapeutic applications. It is most probable that the greater part of the ergot sold in the shops is gathered from the threshing floor or the bin. It is not easy to explain why the difference alluded to *should* exist. But since actual trial is so far superior to any reasonings on the subject, we ought to make the above experiments the foundation of others, until the question is thoroughly and satisfactorily settled. We trust, therefore, that apothecaries, and all who are engaged in procuring ergot, may be careful to have it gathered *before* the harvest; and so will the result show whether the true source of the difficulty has been discovered.

It is, perhaps, needless to add that ergot, exposed to the air, soon loses its power, whilst it may be preserved for a year or two if enclosed in whole kernels, in hermetically sealed bottles. It should be thus kept by apothecaries, instead of being powdered and loosely thrown into drawers, as it usually is.

*Case of Hip Disease.*—Miss Y. aged about 10 years, became affected with hip disease, nine months ago. She had been seen by four or five physicians before I saw her, all of whom considered the case as an instance of ordinary hip disease. When I first visited her, I found the hip very much swollen, and extremely painful. The whole leg, also, was swollen, and nearly an inch longer than the sound one; and the slightest motion or pressure occasioned excruciating pain. In short, the case presented all the appearances of a fully developed case of hip disease, tending rapidly to dislocation and extensive suppuration.

The patient was put on the exclusive use of mild farinaceous diet; with an occasional dose of blue-mass, followed in the morning by a saline purgative. A carved splint was applied to the leg, and perfect rest rigidly enjoined. Under this management the general irritation subsided very considerably, but the swelling and pain about the hip continued unabated. Five or six weeks after this treatment was begun, a singular inflammation of an erysipelatous character occurred on the left external ear. The ear was enormously swollen, resembling an irregular, livid mass, covered with minute vesications. This inflammation and swelling continued four days, with little or no apparent change, and then gradually subsided. Immediately after this affection of the ear had disappeared, the inflammation about the hip declined so rapidly that in five or six days it could be handled, and the joint moved without occasioning much pain; and the swelling of the leg and pain about the knee had almost entirely subsided. The limb, however, continued to be longer than the



other, and there was still a considerable degree of fulness about the affected hip. From this time, the disease very gradually abated. The general febrile irritation had entirely subsided, and the patient appeared to be comfortable and cheerful. In about four weeks after the inflammation of the left ear, a similar affection occurred on the right ear, and went through the same course. Immediately after this second erysipelatous inflammation had subsided, the hip again mended rapidly; and it is now wholly free from pain—can be pretty freely moved, handled and pressed without pain; and the limb is but very little longer than the sound one. There is, however, still a considerable degree of fulness about the hip and groin, and pretty strong pressure on the large trochanter occasions a good deal of pain in the joint.—*Western Med. Gaz.*

**Lumbar Abscess.**—H. C. aged 24, had pain and weakness in the back, seated in the lumbar region, which had been troublesome at times for more than two years. In this time he had repeatedly consulted me about it; but as I did not consider it a matter of much consequence, seeing he was able to perform labor, I never examined his back, but usually prescribed burgundy pitch or some other plaster which did little good but satisfy him that he was doing something for it, till he informed me that he had discovered a tumor there. I then for the first time was aware of the nature of the complaint and of his danger; but it was too late to improve the favorable opportunity for a cure that had already passed. He died of lumbar abscess.

I allude to this case, only to admonish my younger brethren never to dismiss a patient till he has fully investigated his disease, though it may appear but trifling, nor prescribe till he can do it understandingly. Many of the fatal cases in all diseases are those which were not fully understood at the commencement, while an opportunity was favorable for a salutary impression. This man might surely have been cured, if proper remedies had been applied in the early stage of his disease. A caustic issue from the part for two or three months would, probably, have been sufficient. This happened many years ago;—it has taught me to attend to lame backs; and my patients have since reaped the benefits of the lesson. It is always better to cure a lame back soon after its commencement, though no danger may be apprehended from its continuance; and for this purpose we have as remedies, volatile liniment, tartar emetic ointment and plaster, local bloodletting, and caustic issues. I am speaking of it as a local disease; and these same means may be combined with general remedies, when it is connected with a constitutional affection. With these remedies I always take the course that will be likely to effect a cure in the shortest time, without so much regard to the consequences to the patient during their application; and although it may sometimes at first seem unnecessarily severe, the promptness of the cure will always compensate for the little suffering endured, and satisfy the patient that all has been done for the best. The tartar emetic plaster, if applied so as to produce copious pustular eruptions, will cure all ordinary lamenesses of the back. Sometimes, however, it is necessary to keep up irritation in the part a week or two, and this is best accomplished by the occasional application of a little tartar emetic ointment. But if the disease should prove more obstinate, or of a character that would indicate it, other more energetic means, such as cupping, caustic potash, &c. should be used without the loss of much time, for no advantage is gained by delay.—*Ibid.*

**On Lactucarium and Thridace.**—By A. CHEVALLIER. The use of the *LACTUCA sativa* in the healing art is very ancient, and may be traced back to Hippocrates : but like many other remedies, this article was successively employed and abandoned. At present two products are obtained from the lettuce, viz. lactucarium and thridace. One of these, the lactucarium, was examined by Dr. J. R. Coxé of Philadelphia, in 1792 ; the other has since been investigated by several French practitioners, who are by no means in unison as to its properties. This discrepancy may have arisen from the confusion which exists in the names applied to products which are not identical, and which are endowed with different properties. Thus Dr. Francis has given the name of thridace to the lactucarium of the English practitioners, which is a solid, flexible or frangible product, obtained by evaporation in the open air, of a white, bitter, viscous juice, which flows from incisions made in the stem of the lettuce, when it has acquired its full growth ; whilst other practitioners have given the same name to an extract obtained by pounding lettuce leaves or stems, to obtain a juice, which is first formed into an extract and then dried.

It may readily be supposed that these two products do not possess the same properties, and in fact that they are wholly dissimilar. Whilst the juice which is concentrated by the air is very bitter, and has somewhat of the virous smell of opium, that obtained by expression, &c. has very little bitterness, and even is sometimes salt. It is therefore necessary that in future a distinction should be made between them. Hence it is better to retain the name of lactucarium for the concrete product obtained by spontaneous evaporation from the white viscid juice that flows from incisions made in the *LACTUCA sativa*, and to give the name of thridace to the product of the evaporation of lettuce juice by means of heat.

In a letter from M. Baumann, of Saverne, he gives the following details : ' I send you some lactucarium, which I procured by a very simple and easy method, as in six hours I was able to collect ten drachms of a product similar to that transmitted to you. This is not entirely soluble in water, forming an emulsion with that fluid. If this emulsion is permitted to remain undisturbed for some time, part of the product falls to the bottom : this, when exposed to heat, burns like wax, leaving a carbonaceous residue.'

M. Baumann's plan of procuring the lactucarium, is as follows :—He cuts a quill in the form of a toothpick, which is passed through the cork of a wide-mouthed bottle ; he makes incisions in the lettuce, and collects the juice which exudes by means of the quill, which permits it to run into the bottle ; this is then exposed to the heat of the sun, which evaporates the water, and solidifies the lactucarium. The lettuce plants which have been punctured may be kept for the purpose of seed, as this operation does not prevent their producing as perfect seed as if they had not been wounded.—*Journ. de Chim. Med.*

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Whole number of deaths in Boston for the week ending June 15, 16. Males, 19—Females, 4.  
Of consumption, 7—throat distemper, 1—scarlet fever, 3—sudden, 1—croup, 1—unknown, 1—child bed, 1—intemperance, 1. Stillborn, 1.

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